

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		11910	
O.I.P.E. CLASSIFIER	X	21	11/17
FORMALITY REVIEW		21423	11-28-00
RESPONSE FORMALITY REVIEW		21423	1-5-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	Original 2/22/01
10	2/22/01
11	2/22/01
12	2/22/01
13	2/22/01
14	2/22/01
15	2/22/01
16	2/22/01
17	2/22/01
18	2/22/01
19	2/22/01
20	
21	✓ 2/22/01
22	
23	✓ 2/22/01
24	✓ 2/22/01
25	
26	
27	
28	
29	✓
30	N
31	✓ ✓ =
32	✓ ✓ =
33	✓
34	N
35	N
36	N
37	N
38	
39	✓
40	✓
41	✓
42	N N
43	✓ ✓ =
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46	
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49	
50	✓ ✓ =

Claim	Date
9	Original 2/22/01
10	✓ =
11	✓ =
12	✓ =
13	✓ =
14	✓ =
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here